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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/439,314
Filing Date	November 12, 1999
First Named Inventor	Sandhu et al.
Examiner Name	T. Dang
Group / Art Unit	1763
Attorney Docket No.	95-0392.02

TOTAL AMOUNT OF PAYMENT (\$ ) 720

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TC 1700

<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>									
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 13-3092 Order No. 95-0392.02  Deposit Account Name: Micron Technology, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>									
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other											
<b>FEE CALCULATION</b>											
1. BASIC FILING FEE											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid						
101	710	201	355	Utility filing fee							
106	320	206	160	Design filing fee							
107	490	207	245	Plant filing fee							
108	710	208	355	Reissue filing fee							
114	150	214	75	Provisional filing fee							
SUBTOTAL (1)					(\$ ) 0						
2. EXTRA CLAIM FEES											
Total Claims	29	-29	=	Extra Claims	0	X	Fee from below	18	=	Fee Paid	0
Independent Claims	8	-8	=		0	X		84	=		0
Multiple Dependent						X			=		0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description							
103	18	203	9	Claims in excess of 20							
102	80	202	40	Independent claims in excess of 3							
104	270	204	135	Multiple dependent claim, if not paid							
109	80	209	40	** Reissue independent claims over original patent							
110	18	210	9	** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2)					(\$ ) 0						
*or number previously paid, if greater; For Reissues, see above											
					Other fee (specify) _____						
					*Reduced by Basic Filing Fee Paid						
					SUBTOTAL (3) (\$ ) 720						

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	Charles B. Brantley	Registration No. Attorney/Agent)	38,086	Telephone	208-368-4557
Signature				Date	10/22/01

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